1112819

FORM D RECEIVED MAR 1 4 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	e burden
hours per respons	e 16.00

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: XNew Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	07047589
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
4791 Sotuh Citation Drive #104 Delray Beach, FL 33445 (	(Including Area Code) 561) -381-41[06 r (Including Area Code)
Brief Description of Business	
Sale of cosmetics, and personal health care products  Type of Business Organization	
corporation   limited partnership, already formed   other (please specify):	MAD 2 2 2000
Actual or Estimated Date of Incorporation or Organization: 10 97	THOMSON FINANCIAL

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Tauman, Harvey Business or Residence Address (Number and Street, City, State, Zip Code) 4791 S. Citation Dr #104, Delray Beach, FL, 33445 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Prasad, Chaudhury Business or Residence Address (Number and Street, City, State, Zip Code) 4791 S. Citation Dr #104, Delray Beach, FL, 33445 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
	[[4]-		4 4 41			11 +0 -0 - 0	ناه و فالمسمود		this offsui	: ~?		Yes	No
1.	Has the	issuer soic	l, or does th			II, to non-a Appendix							豆
2.	What is	the minim	um investm					•				s 5,	,000
2.	What is the minimum investment that will be accepted from any individual?									***************************************	Yes	No	
3.	Does th	e offering	permit joint	t ownershi	p of a sing	le unit?						<b>[</b> *	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sucl a broker or dealer, you may set forth the information for that broker or dealer only.									<b>:</b>			
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	l Street, C	ity, State, Z	Cip Code)						
Nar	me of As:	sociated Br	oker or Dea	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************		•••••••••	***************************************	,,,	•••••	☐ Al	l States
	AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State. 2	Zip Code)						
Nar	ne of As	sociated Br	oker or Dea	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
			or check					*************	**************	·····		☐ Al	l States
		AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	[AL]	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	[SD]	TN	TX	UT	VT)	VA	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	vidual)						•			
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity. State. 2	Zip Code)						
Nar	ne of As:	sociated Br	oker or Dea	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	or check	individual	States)			····					l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and			
	Type of Security	Aggregate Offering Price		Amount Already Sold
		_		
	Debt			
	Equity	1,000,0	<u> </u>	5,000
	Common Preferred			
	Convertible Securities (including warrants)		_ \$_	
	Partnership Interests			
	Other (Specify)	3 <u></u>	\$_ 0 0	5 000
	Total	1,000,0		
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors		_ \$	5,000
	Non-accredited Investors		_ \$	)
	Total (for filings under Rule 504 only)		_	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		. \$	}
	Regulation A		. 5	
	Rule 504		. 5	
	Total		. \$	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[	<b>]</b> \$_	
	Printing and Engraving Costs		<b>S</b> _S_	1,000
	Legal Fees	[	<b>3</b> \$_	10,000
	Accounting Fees	[3	<b>S S</b>	22,500
	Engineering Fees		_ ]	
	Sales Commissions (specify finders' fees separately)		<u>s</u> \$_	100,000
	Other Expenses (identify) Postage, travel & misc.		\$_	1,500
	Total	_	¬ \$	145,000

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s 885,000
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗷 \$ <u>80,000</u>	<b>S</b>
	Purchase of real estate	<u></u> \$	s
	Purchase, rental or leasing and installation of machinery		<b>T</b> \$20.555
	and equipment		•
	Construction or leasing of plant buildings and facilities	IJ³	լ ₃
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b>□</b> \$	ПS
	Repayment of indebtedness	_	
	Working capital		
	Other (specify):	<del></del>	_
			<u></u>
			<b>\$</b>
	Column Totals	80,000	<u> \$805,000</u>
	Total Payments Listed (column totals added)	<b>E</b> 3_8	8 <b>5,</b> იიი
7 e	O. PEDERAL SICNATURE		
ig he	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Committee, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte Rule 502.	
	Greyson International, Inc. Haway Cauvan	Date March 7	,2007
Vа	ame of Signer (Print or Type)  Title of Signer (Print or Type)	-	
	Harvey Tauman President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
l.	* * *	2 presently subject to any of the disqualification	Yes 🔯	No □
		See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Greyson International, Inc.	Hawey auman March 7, 2007
Name (Print or Type)	Title (Print or Type)
Harvey Tauman	President

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
L	Intend to non-a investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	ccredited Non-Accredited				No		
AL								:			
AK							<u>.</u>				
AZ											
AR											
CA		XX	C/S	0							
со		- Accordance									
СТ											
DE						-					
DC											
FL		XX	C/S	1	5,000				xx		
GA											
ні	*								1		
ID											
IL											
IN									Ī		
ΙA											
KS											
KY											
LA									:		
ME								İ			
MD							· · · · · · · · · · · · · · · · · · ·				
MA		XX	c/s	0							
МІ		XX	c/s	0				İ			
MN											
MS											

## **APPENDIX** 2 5 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ C/S 0 XXNM C/S 0 NY XXNC ND ОН 0 C/S XXOK OR PA 0 C/S XXRI SC SD TN TXC/S 0 XXUT VT VAWAWV

WI

				APP	ENDIX					
1		2	3  Type of security	ty 4			4			
	to non-a	d to sell accredited rs in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		*								
PR										

# **END**